

## **P.A. 100 of 2014- Mobile Dental Facility**

In April, 2014 legislation passed regarding the practice of mobile dentistry in the State of Michigan. Beginning April 1, 2015, the mobile dental law takes effect. From this date forward, an operator or owner of the mobile dental facility must complete an application and be approved by the Michigan Department of Community Health (MDCH). A Mobile Dental Facility Permit will be issued for three years from the date of approval. Every three years the mobile dental facility operator, owner, or his or her designee, shall reapply to MDCH and receive approval to continue the practice of mobile dentistry in the State of Michigan.

## **Guidelines for Completing the Mobile Dental Facility Application**

### **Instructions:**

- All information provided must be accurate and complete.
- The application must be typewritten or printed in ink legibly, but also signed and dated.
- Include a two hundred seventy dollar (\$270.00) fee made payable to: **State of Michigan**, and mail the completed application, including the supporting documentation to:

**Michigan Department of Community Health – Cashier’s Office**  
**Attn: Mobile Dental Permit**  
**P. O. Box 30437**  
**Lansing, MI 48909**

- Written plans and procedures shall include full details and be specific to the mobile facility applicant (unique to each operator, not generic general rules and guidelines copy and pasted).
- All forms shall have either a company logo or the name of the mobile facility on each page.

## **Definitions:**

**An operator may hold a permit for one or more mobile dental facilities. A “mobile dental facility” means either of the following:**

1. A self-contained, intact facility in which dentistry or dental hygiene is practiced that may be transported from one location to another.
2. A site used on a temporary basis to provide dental services using portable equipment.

**An operator means either of the following:**

1. An individual with a valid, current license to practice dentistry or dental hygiene in Michigan, who utilizes and holds a permit under this part for a mobile dental facility.
2. A corporation, limited liability company, partnership, or any governmental agency contracting with individuals licensed to practice dentistry in this state or dental hygienists licensed in this state that utilizes and holds a permit under this part for a mobile dental facility.

**A Mobile Dental Permit is valid for three years. Within this time:**

1. An operator shall obtain a permit under this part for a mobile dental facility before offering dental services at the facility.
2. A mobile dental facility shall have an operator in charge at all times.
3. An operator may contract or employ other dentists, dental hygienists, or dental assistants to work in a mobile dental facility.
4. An operator may hold a permit for one or more mobile dental facilities.

### **Comprehensive dental services:**

Clinical evaluation, including diagnostic and treatment planning; imagery services; and indicated treatment that may include preventive, restorative, and surgical procedures that are considered necessary for an individual patient.

### **Preventive dental services:**

Dental services that include, but are not limited to, screening of a patient, assessment of a patient, prophylaxis, fluoride treatments, and application of sealants. Imagery studies are not preventive services.

## **Completing the Application**

### **Page One:**

1. Please select a payment method. Check the box for check, or credit card. Checks must be mailed with the application. Credit card payments should be paid at the following site:  
<https://www.thepayplace.com/mi/dch/mobiledental>.
2. Please select either “New Program,” or “Renewal.” Every program must select “New Program” on the first application they complete, even if they existed prior to the implementation of PA 100. Renewal shall be selected three years following permit approval prior to the expiration date.
3. Please select type of services provided by the mobile dental facility. A mobile dental facility may only select one or the other. Definitions of comprehensive and preventive are listed above. If the

mobile dental facility provides “preventive services only”, services such as clinical examination, or imagery services are not considered preventive.

4. Please select the applicant information. Select all that apply. For example, if the mobile dental facility is a P.C. owned by a Michigan licensed dentist, check both boxes.
5. Write the name of the mobile dental facility.
6. Enter the contact name and information for the mobile dental facility. This is the main person who will be in contact with MDCH-Oral Health Program. This person may not be the operator of the mobile dental facility permit.
7. Please complete the required information for the person who is applying for the mobile dental facility permit. If this person is the same as the contact person, please complete the information again. All information shall be completed on the first page.
8. Enter the county(s) providing services in. If more than one, list the name of each county.
9. The business phone is the phone number to reach the mobile dental facility operator. The mobile facility phone number is the number at the mobile dental facility site. Please enter a number for each, even if they are the same number.

### **Page Two:**

1. Please read, sign, date, print name and title regarding the attestation (Sections Three, Four and Five of application).
2. Mail the application, including supporting documents, and check to Michigan Department of Community Health – Cashier’s Office, Attn: Mobile Dental Permit, P. O. Box 30437, Lansing, MI 48909.
3. Leave the part labeled “For MDCH Official Use Only” left blank.

### **Page Three:**

**Section One:** A list of each dentist, dental hygienist, and dental assistant who will provide care at or within the mobile dental facility (Page 3 of the application, add additional pages if needed). This includes the name; title (DDS, RDH, RDA); e-mail address; telephone number; license number; and address for each individual (Same address and phone number put on DDS or DMD/RDH/RDA license registration with LARA). This is requirement #1 on Page Four, Section One. If new dental providers other than the providers listed attached to the application begin to provide services for the mobile dental facility, a Notification of Change Form must be completed and sent to the MDCH-Oral Health Program within 30 days of service. Please note this means all providers must be submitted on this form to the Oral Health Program as they begin to provide services, or no longer provide services.

### **Page Four:**

**Section Two.** Please submit the following forms, or documents with the application. There are ten requirements defined below:

#### **Attachments:**

The applicant must submit the following documents with the application:

1. A list of each dentist, dental hygienist, and dental assistant who will provide care at or within the mobile dental facility (Page 5 of the application, add additional pages if needed). This includes the Name; Title (DDS, RDH, RDA); E-mail; Telephone number; License number; and Address for each individual.

2. A written plan and procedure for providing emergency follow-up care to each patient treated at the mobile dental facility.
3. A signed Memorandum of Agreement (MOA) if follow-up services are NOT within reasonable distance for the patient, or if the operator provides only preventive dental services. A MOA is required for each dentist/ dental group referred to. A copy must be submitted with original signatures.  
Applicants who are exempt from the MOA requirement include, an operator who has an MOA due to its status as a State of Michigan designated or funded health prevention program with oversight from MDCH.
4. Current proof of general liability insurance covering the mobile dental facility that is issued by a licensed insurance carrier authorized to do business in the State of Michigan.
5. Patient Registration/Application Form (same form for all patients of the same age group; example, one for all children, one for all adults, one for all nursing home residents, etc.).
6. Patient Health History (same form for all patients of the same age group; example, one for all children, one for all adults, one for all nursing home residents, etc.). The patient health history form must have a signature line.
7. HIPAA Privacy Notice (same for all patients).
8. Infection Control Procedures (with specific information for each mobile facility).
9. Patient/Parent/Guardian Consent Form which shall include at minimum all of the following:
  - a. The name of the operator.
  - b. The permanent address of the operator.
  - c. The telephone number that a patient may call 24 hours a day for emergency calls.
  - d. A list of the services to be provided.
  - e. A statement indicating that the patient, parent, or guardian understands that treatment may be obtained at the patient's dental home rather than at a mobile dental facility and that obtaining duplicate services at a mobile dental facility may affect benefits that he or she receives from private insurance, a state or federal program, or other third-party provider of dental benefits.

### **Page Five:**

**Section Three, Section Four (and Section Five of Page Six):** Attestations of PA 100 section 21607 (2-5). The signature on page two of the application demonstrates your acknowledgement and agreement to comply with sections three, four and five.

### **Page Six:**

**Section Six (Changes):** The operator or his or her designee shall notify the MDCH not later than 30 days after any of the following occurrences:

- a. **Operator Change:** A permit issued under this part is not transferrable. If the operator of the mobile dental facility changes the permit is no longer valid. However, if a Mobile Dental Facility Change Notification Form and supporting documentation are submitted not later than 30 days after the change of operator, the former permit is valid as an interim permit until the application is approved or denied, but not longer than 90 days. The new operator must complete a new application to continue providing dental services with a mobile facility.
- b. **Change in a Memorandum of Agreement (MOA):** A Memorandum of Agreement means written documentation of an agreement between parties to work together cooperatively on an agreed-upon project,

or meet an agreed-upon objective. The purpose of a memorandum of agreement is to have a written understanding of the agreement between the parties. A memorandum of agreement serves as a legal document that is binding and holds the parties responsible to their commitment along with describing the terms and details of the cooperative agreement. A memorandum of agreement may be used between agencies, the public, the federal or state government, communities, and individuals.

**For comprehensive mobile facilities:**

If the operator does not provide for follow-up services at a site within a reasonable distance for the patient and is not exempt, a signed memorandum of agreement between the operator and at least one dentist, or party who can arrange for, or provide follow-up services at a site within a reasonable distance for the patient. The memorandum of agreement shall state that the contracting dentist or party will accept referrals of patients treated at the mobile dental facility. The agreement to accept a referral does not require the dentist or party to treat the patient.

**For preventive only mobile facilities:**

If the operator provides only preventive dental services and is not exempt, a copy of a memorandum of agreement (with original signatures) for referral for comprehensive dental services between the operator and at least one dentist or party who can arrange for or provide comprehensive dental services to the patient within a reasonable distance for the patient.

- c. Change in the address or telephone number of the mobile dental facility operator:** The operator must complete and submit a Mobile Dental Facility Change Notification form along with any additional supporting documentation.
- d. Cessation of operation of a mobile dental facility:** Upon cessation of operation of a mobile dental facility, the operator shall do all of the following:
  - 1. Provide written notice to all treatment venues and, upon request, provide evidence of the written notice to the MDCH.
  - 2. Provide for availability of each active patient's dental records by one of the following methods:
    - a. Make the dental records available to the patient, or the patient's parent or guardian for 180 days after the mobile dental facility ceases operation, and upon his or her request, transfer the records to the active patient, the patient's parent or guardian, or another dentist.
    - b. Transfer the records to another dentist.
  - 3. Notify each active patient or the patient's parent or guardian that the dental records are available, including the name and contact information for the dentist if the records have been transferred.
  - 4. Upon request from the MDCH, provide documentation that a reasonable attempt was made to contact each active patient or the active patient's parent or guardian to provide information concerning storage and retrieval of the patient's records.
- e. Any memorandum of agreement entered into after obtaining a permit:** The operator must complete a Mobile Dental Facility Change Notification Form and submit a copy of a new memorandum of agreement (with original signatures) after any changes occur following an approved mobile dental facility permit.

## **Renewals:**

An application is valid for three years from the date of approval. An application for renewal may be submitted not later than the last day of the month in which the permit expires upon submission of proof to the department of compliance with the requirements of this part. A permit application that is not timely filed is subject to a late fee in an amount determined by MDCH as the additional cost of processing the late renewal. The application is renewable at the discretion of the Michigan Department of Community Health upon the submission of the renewal application, supporting documents and payment of the application fee.

**For questions regarding this application,** please send an email with questions to:

[MDCH-MobileDentistry@michigan.gov](mailto:MDCH-MobileDentistry@michigan.gov).

The Public Act 100 of 2014 regarding mobile dentistry is available on the Michigan Legislative website at: [www.legislature.mi.gov](http://www.legislature.mi.gov), Public Act (Signed Bills), 100, 2014, Public Act PDF.